



**U.S. Army Medical Command
Voluntary Early Retirement Authority (VERA), Voluntary Separation Incentive Pay (VSIP)
and VSIP II for Workforce Downsizing or Restructuring
Fiscal Year 2022 Application Form**



(Retirement Effective Date Must Comply with MEDCOM Guidance)

Before initiating your application, communication with your supervisor/manager is required to determine if your position is being considered for restructuring and eligible for this buyout. The buyout amount can be *up to the lesser of \$40,000 or the amount an employee would be entitled to under the severance pay formula. The buyout amount is not discretionary or negotiable. Handwritten application acceptable.*

(PART I) Employee Section: This document constitutes my application for the workforce buyout (VSIP) under the following category:

With VSIP: Optional Retirement: _____ **Resignation:** _____ **VERA (Early Retirement):** _____ **or VERA (Only):** _____

Full Legal Name: _____ **Work Telephone Number:** _____

Pay Plan-Series-Grade: _____ **Position Title:** _____

Organization: _____ **Duty Station/City/State:** _____

Anticipated Retirement/Separation Date (as early as possible, but **NLT 30 Sep**): _____

Retirement System (CSRS or FERS): _____ **Date Eligible for Retirement:** _____

Servicing CPAC: _____

Waiver Required for:

- _____ Receiving a retention incentive.
- _____ Receiving a Special Salary rate.
- _____ Occupying a position defined as "hard to fill".

DECLARATION: IF THE INCENTIVE IS APPROVED, I UNDERSTAND THAT:

>By accepting the restructuring buyout incentive, I become ineligible for registration in the Priority Placement Program (PPP), severance pay, and discontinued service retirement.

>I cannot be employed within DOD for 1 year after my separation date, and I must repay the full incentive amount if reemployed by the Federal Government under any type of appointment or under a personal services contract within 5 years after separation with an incentive.

>Use of these incentives is a management tool, not an employee entitlement.

>By signing this application, I attest that I am submitting it voluntarily.

>If the incentive is approved, I elect one of the following payment terms. After approval by HQ MEDCOM, or designee, the personnel action and elected payment terms are irrevocable once the appropriate DD form is signed.

_____ Lump sum payment at separation (DD Form 2903-1).

_____ Equal biweekly payments until the buyout is paid in full (NTE 1 year from the date of separation) (DD Form 2903-2).



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_____ One-Half of the payment 6 months after the date of separation and the second half 6 months later (DD Form 2903-3).

Employee Signature	Date
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(PART 2) MANAGEMENT SECTION: To be completed by the applicant's immediate first-line supervisor.

I concur with the employee's workforce buyout (VSIP) application: Yes: _____ No: _____ (VERA only): _____

PP-Series-Grade: _____

Position Title: _____

Para/Line No: _____ Unit Identification Code (UIC): _____

SELECT AND INITIAL ONE OF THE FOLLOWING:

_____ **Downsizing** – I certify that the position identified above is the applicants' authorized position and after approval by HQ MEDCOM, it will be abolished. Funding will be stripped effective on the retirement date.

_____ **Restructuring** – I certify that the position identified above is the applicants' authorized position and after approval by HQ MEDCOM, it will be restructured as indicated below. IAW DoDI 1400.24, Vol. 1702, Jun 13, 2008, reissued April 1, 2009; position restructuring is restricted to the vacancy created by the application of the buyout (i.e. the applicant's authorized position).

_____ **VSIP II Application** - Applicant in a non-impacted authorized position requests VERA/VSIP and is being backfilled by a RIF's impacted employee. After approval by HQ MEDCOM, the impacted employee's authorized position, identified above, will be abolished and the impacted employee will be reassigned to the non-impacted authorized position. MP2 registration should occur and coordination with the local CPAC is required. (See VSIP II guidance).

_____ **Over hire** - I certify that the position identified above is an over hire position. After approval the requesting MTF/activity end strength will be decremented by one (1) for every over hire approved and funding will be stripped effective the date of retirement..

The vacated position will be restructured to:

Position Title: _____

Pay Plan/Series/Grade: _____

The reasons for the change(s) are as follows:

- _____ Changing mission requirements of the organization requires position change.
- _____ Converting position to non-supervisory...keeping with current Army goals to flatten Federal organizations.
- _____ Current incumbent fails to meet changing qualification requirements for this position (e.g. educational requirement for GS-1102).
- _____ Reduce overall organizational costs.
- _____ Change the structure of the organization.
- _____ Reduce the civilian workforce.
- _____ Other (Explain)

Supervisor Recommendation: ___Approve ___Disapprove

Printed Name: _____ Signature: _____

Date: _____



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Commander/Activity Head Recommendation: ___ Approve ___ Disapprove

Printed Name: _____ Signature: _____

Date: _____

Waiver Justification:

*****FOR HQ MEDCOM USE ONLY*****

MEDCOM Chief of Staff Decision: ___ Approved ___ Disapproved

Printed Name _____ Signature: _____

Date: _____